The National Forest Foundation COMMUNITY ASSISTANCE PROGRAM (CAP) 2006 APPLICATION COVER SHEET

Date Received:		06-1	
YOUR ORGANIZATION IN		ot write above this line)	
Contact Name		Title	
Phone Number	Fax Number	E-mail Address	
Organization			
Street			
City	State	Z	iip
FISCAL SPONSOR ORGANIZ	ATION INFORMATION (if applicable):		
Contact Name		Title	
Phone Number Organization Street	Fax Number	E-mail Address	
City	State	Z	iip
PROGRAM INFORMATION What is (are) the primary natural r	esource issue(s) that you are attempting to	address? What is your main purpose?	
What do you consider to be your	greatest organizational and technical need(s	s) right now?	
What kind of financial support ha	ve you already received or do you expect to	o receive, if any? How much and from who	om?
Program Location (National Fore	est(s), Congressional District):		
FUNDS: National Forest Foundation fur	ds requested: \$		
Total Estimated Annual Budget (Annual Budget Breakdown (CUR		\$ct-directed:	_
	Organizational ad	ministration:	_
PLEASE BE SURE TO INCLU	JDE <u>3 COPIES OF:</u>		
*THIS COMPLETED COVER *LIST OF PARTICIPANTS AI *501©(3) STATUS VERIFICAT	ND/OR PARTNERS	*GENERAL TIMELINE *PRELIMINARY BUDGET (se *FS LETTER OF SUPPORT	e attached form)

MAIL THREE COPIES TO: National Forest Foundation, CAP, 2715 M Street, NW, STE 100, Washington, DC 20007 for RECEIPT by next deadline